

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at **Barren Island** Town

County
Dorchester

MARYLAND

Date of death 1909 Month Dec.

Day 25th. Age 69 Years

8 Months

18 Days

Sex Male

Color or Race

White

Birth-place **Dorchester Co.**

Occupation

None

Where Residing if not
at place of death

Married, Single or Widowed **Widowed**

Name of Wife or Husband _____

Father's Name **John Aaron**

Father's Birthplace **Dorchester Co.**

Mother's
Maiden Name **Eliza Tall**

Mother's Birthplace **Dorchester Co.**

Name of person giving information **Mrs. S. Caroline Creighton**

How related to deceased	Sister
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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81	81
82	82
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84	84
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86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Do not know

Immediate Uraemia

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

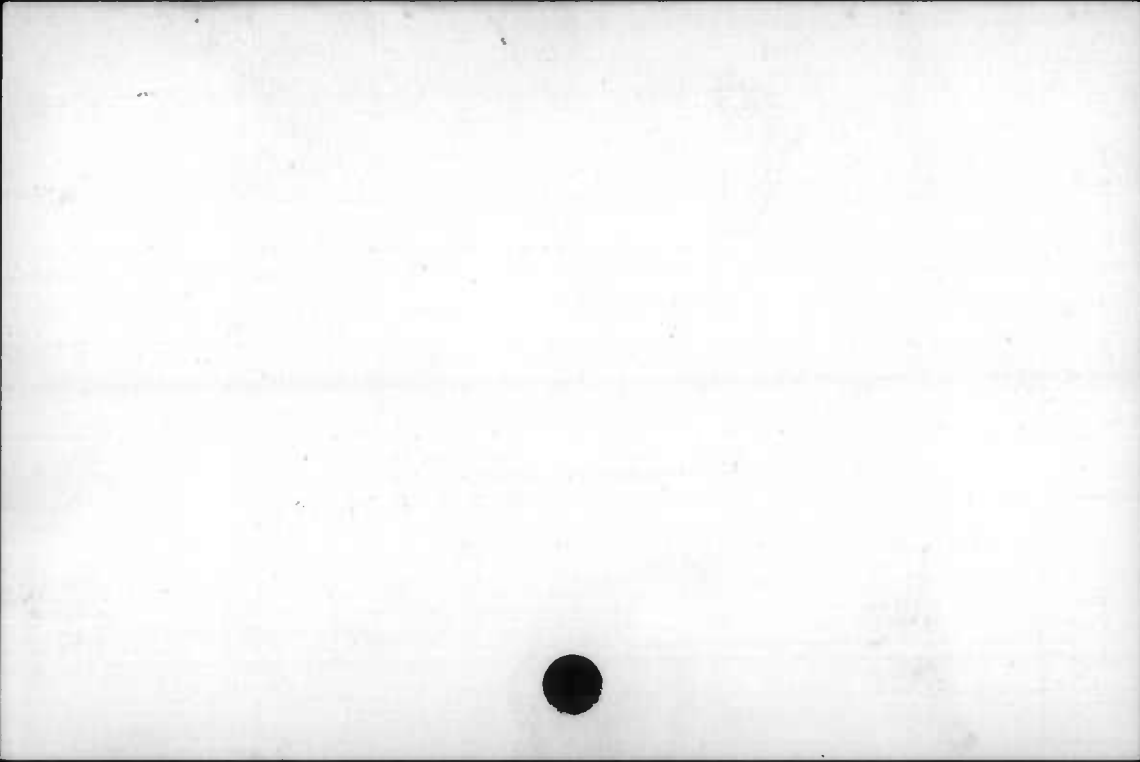
Signature of Physician

Address

Fishing Creek, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant-

Bill

MARYLAND

Died at

Cambodge

Borchester Co

Date

of death

1909 Dec

27

Age

Years

Months

Days

Sex

male

Color or
Race

White-

Birth-
place

Cambodge

Occupation

Baby

Where Residing if not
at place of death

Cambidge

~~Married, Single~~
~~or Widowed~~

~~Name of Wife or~~
~~Husband~~

Father's
Name

Levin H Bell

Father's
Birthplace

Borchester

Mother's
Maiden Name

Lessey Rosetta

Mother's
Birthplace

Philadelphia

Name of person giving
Information

Levin H Bell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

Immediate

do.

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Mace 310

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William Bowdle

CERTIFICATE OF DEATH

Died at ^{Town} near Edwood

County

Dor

MARYLAND

Date

of death 190

9

Month

12

Day

3

Age

Years

23

Months

4

Days

18

Sex

Male

Color or
Race

white

Birth-
place

Penn

Married, Single
or Widowed

single

Occupation

Solicitor

Name of Wife or
Husband

none

Father's
Name

James Bowdle

Father's
Birthplace

Md

Mother's
Maiden Name

Emma David

Mother's
Birthplace

Penn

Name of person giving
information

Joseph C Coulbourn

How related
to deceased

none

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

7 mos

Immediate

The same

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. Roger Myers

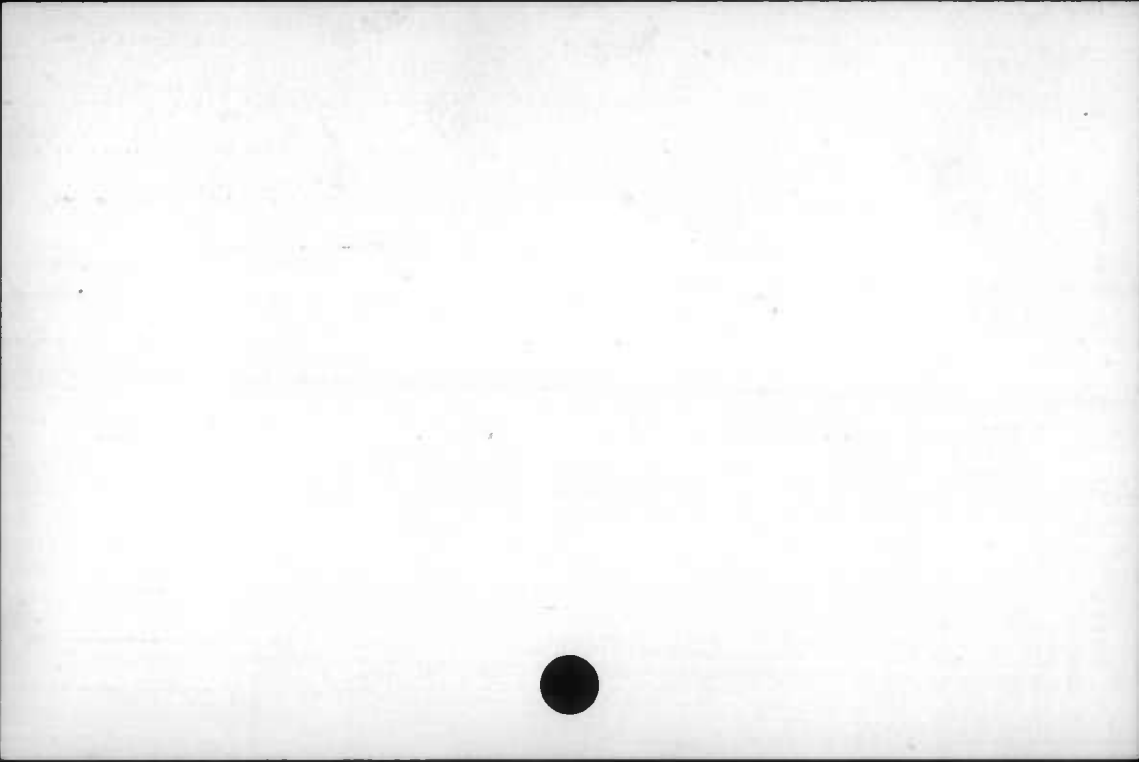
Address

Burlwood
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6



Name
in Full

Etara Bradley

CERTIFICATE OF DEATH

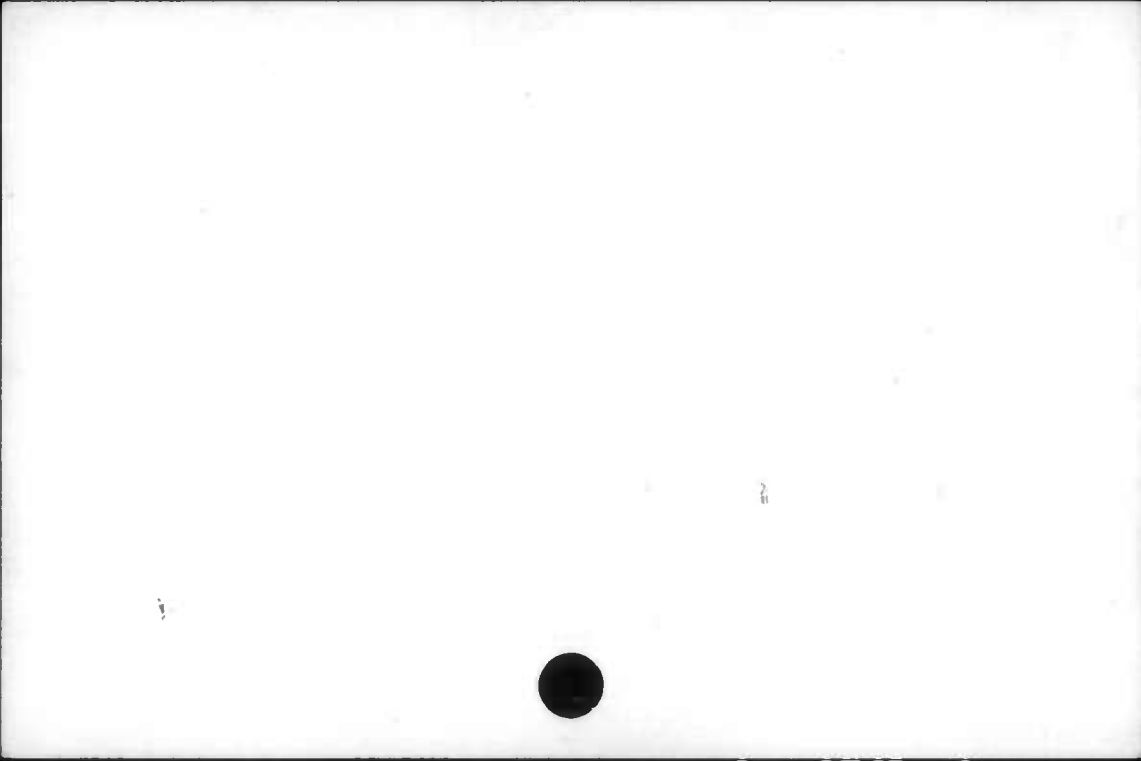
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1909	Month	Dec	Day	5
Age		17			
Sex	Female		Color or Race	White	
Occupation	None		Birth-place	Maryland	
Where Residing if not at place of death		Admiralburg			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	H. O. Bradley		Father's Birthplace		
Mother's Maiden Name	— Russek		Mother's Birthplace		
Name of person giving Information	Miss Stabb		How related to deceased		
			None		

CAUSES OF DEATH

Primary	<u>Septic typhoid fever</u>	How long	<u>2 weeks</u>
Immediate	<u>acute heart failure</u>	How long	<u>a few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo. Stubb</u>
Address		<u>Cambridge Md.</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in Full

Roland Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Bucktonon ^{County} Dorchester Co MARYLANDDate of death 1909 ^{Month} Dec ^{Day} 26 Age ^{Years} 1 ^{Months} 11 ^{Days}

Sex Male Color or Race Black Birth-place Airy

Occupation Baby Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Isaac Brown Father's Birthplace Airy

Mother's Maiden Name Margaret Brown Mother's Birthplace

Name of person giving Information Solomon Clark How related to deceased Cousin

CAUSES OF DEATH

179

Primary Heart failure & exhaustion How long 3 days 6
Immediate How long Gradual

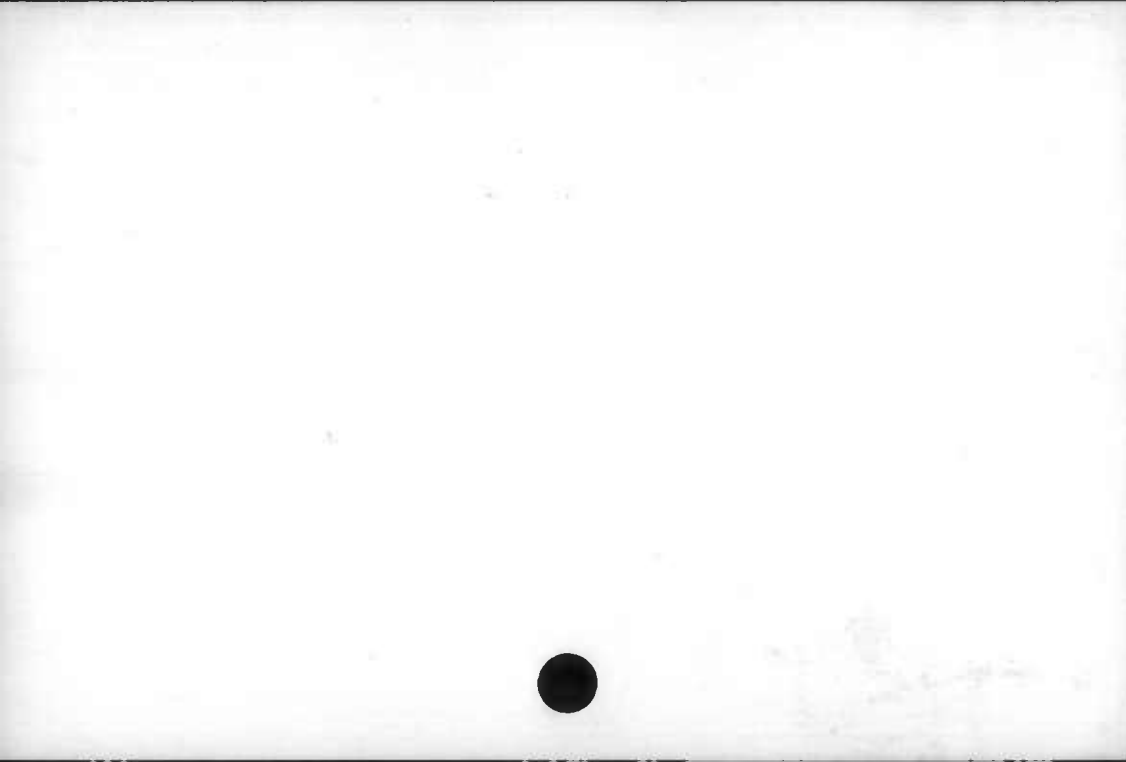
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Chas W. Hauls M.D.

Address

Health Officer L.H.

Accident or Suicide In broken



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *May Louxine Calder*
 Died at *Cambridge* ^{Town} *Rochester* ^{County}
 Date of death *1900* ^{Month} *Dec* ^{Day} *31* ^{Years} *Age* *1* ^{Months} *1* ^{Days} *1*
 Sex *Female* Color or Race *Colored* Birthplace *Cambridge*
 Occupation *None* Where Residing if not at place of death *in*
 Married, Single or Widowed *Single* Name of Wife or Husband *in*
 Father's Name *Harry Calder* Father's Birthplace *Rochester Co*
 Mother's Maiden Name *Luich Slater* Mother's Birthplace *Rochester Co*
 Name of person giving Information *Harry Calder* How related to deceased *Father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* How long *One week*
 Immediate *Eclampsia* How long *several hrs*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dexter J. Reynolds*
 Address *Cambridge, Md.*
 Accident or Suicide *Willis*



Name
in
Full

Ernest Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Harlow* ^{Town}*Dor* ^{County}Date of death *1909*Month *12*Day *19*Age *21* ^{Years}Months *2*Days *"*Sex *male*Color or Race *white*Birth-place *Dor Co*Occupation *None*

Where Residing if not at place of death

*Near Harlow*Married, Single or Widowed *Single*Name of Wife or Husband *none*Father's Name *John Saxe*Father's Birthplace *Dor. Co*Mother's Maiden Name *Jane Coleman*Mother's Birthplace *Dor Co*Name of person giving information *Jane Coleman*How related to deceased *mother*

CAUSES OF DEATH

176

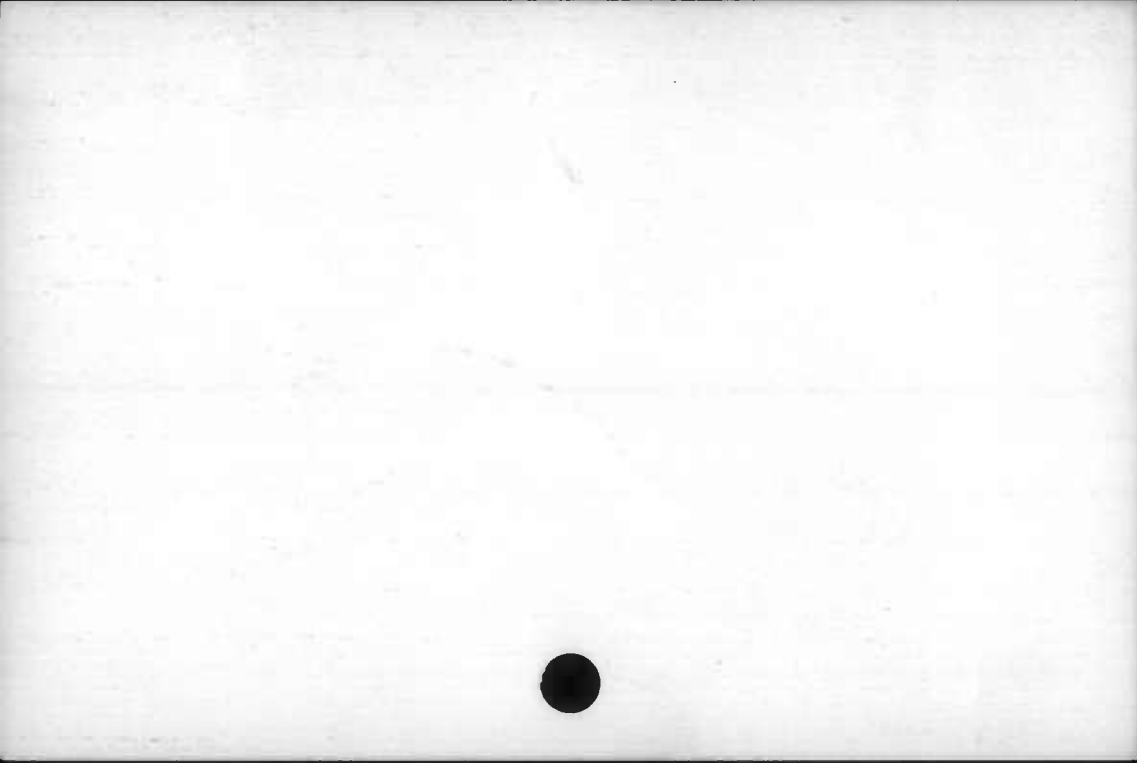
PHYSICIAN
OR CORONERPrimary *Gun shot*

How long

Immediate *Pneumonia*How long *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

E. Roger Nuss
Address *Harlow Md*Accident or Suicide? *homicidal*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Cooper</i>		Town <i>near</i>		County <i>over</i>		State <i>MARYLAND</i>	
Died at <i>6th Street</i>		Month <i>Dec</i>		Day <i>15</i>		Age <i>3</i>	
Date of death <i>1909</i>		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>	
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>		Mother's Maiden Name <i>Fannie Cooper</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>Alfred Cooper</i>		How related to deceased <i>Grand father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hamby</i>
<i>No physician in attendance</i>	Address <i>Hearts Office</i>
Accident or Suicide? <i>✓</i>	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Barclay Haskins Craig*
Died at *Cambridge* ^{Town} *Dorchester* ^{County}
Date of death *1909* ^{Month} *Dec* ^{Day} *26* Age *56* ^{Years}
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Druggist* Where Residing if not at place of death *Trappe, Talbot Co.*
Married, Single or Widowed *Married* Name of Wife or Husband *Annie Craig*
Father's Name *Charles P. Craig* Father's Birthplace *Maryland*
Mother's Maiden Name *L E H. Bowie* Mother's Birthplace *Md.*
Name of person giving Information *W E Craig* How related to deceased *Refused*

CAUSES OF DEATH

Primary *Hyper-nephroma.* 45
How long *Some months*
Immediate *Hemorrhage & Exhaustion*
How long *Some days.*
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

B W Goldsborough
Cambridge Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ruth Emily Dodson

Town *Hurlock* County *Don*

Died at *Hurlock*

Date of death *1909 Dec 9* Month *9* Day *9* Age *9* Years *9* Months *9* Days *9*

Sex *Female* Color or Race *Black* Birth-place *Hurlock*

Occupation *Infant* Where Residing if not at place of death *Hurlock*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

MARYLAND

Father's Name *Allwood Dodson*

Mother's Maiden Name *Jane Jenkins*

Name of person giving information *Allwood Dodson*

Father's Birthplace *Hurlock*

Mother's Birthplace *Hurlock*

How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *— unknown*

Immediate *— unknown*

How long *1 day*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician *No Physician in attendance*

Address *Robert L. Hastings Locust*

Accident or Suicide? *—*



Name
in
Full

Mary L. Evans

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge ^{County} Dorchester

MARYLAND

Date of death 1909 ^{Month} Dec ^{Day} 23 ^{Years} Age 61 ^{Months} ^{Days}Sex Female ^{Color or} ^{Rece} White ^{Birth-} ^{place} MarylandOccupation Housewife ^{Where Residing if not} ^{at place of death} Cambridge^{Married, Single} ^{or Widowed} Widow ^{Name of Wife or} ^{Husband} Archie Evans^{Father's} ^{Name} Morton^{Father's} ^{Birthplace} Maryland^{Mother's} ^{Meiden Name} Sarah A. Black^{Mother's} ^{Birthplace} "^{Name of person giving} ^{Information} John A. Evans^{How related} ^{to deceased} Son

CAUSES OF DEATH

64

^{Primary} Hemorrhage into the Brain & Epilepsy^{How long} Some days^{Immediate} Paralysis & Exhaustion^{How long} Some hours.Are the name, age, sex, color, date
and place correctly given above?^{Signature of} ^{Physician}^{Address}Dr. G. L. Brown
Cambridge, Me

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Farrair

CERTIFICATE OF DEATH

Died at <u>Bucktown</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	Month <u>Dec.</u>	Day <u>2</u>	Age <u>45</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Bucktown</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Howard Farrair</u>				
Father's Name <u>James Davis</u>	Father's Birthplace <u>Bucktown</u>				
Mother's Maiden Name <u>Henrietta Woolford</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving Information <u>E. W. Hughes</u>	How related to deceased <u>Not related</u>				

CAUSES OF DEATH

Primary <u>Carcinoma: Liver & nephritis</u>	How long <u>40</u>
Immediate <u>Exhaustion</u>	How long <u>Can't say</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Goldsmith</u>
	Address <u>Cambridge Me</u>
Accident or Suicide <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

J. Hugh Fountain

Died at		Town Cambridge		County Brockton		MARYLAND	
Date of death		Month Dec.	Day 8	Age -	Years -	Months 5	Days -
Sex Male		Color or Race White		Birth-place Cambridge Ind.			
Occupation none				Where Residing if not at place of death -			
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name Hugh Fountain				Father's Birthplace Br. Co. Ind.			
Mother's Maiden Name Nettie Snow				Mother's Birthplace Br. Co. Ind.			
Name of person giving Information Hugh Fountain				How related to deceased Father			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

92

Primary Broncho Pneumonia & spinal Meningitis		How long 7 months
Immediate Gradual Exhaustion		How long Progressive
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Guy Stiles
		Address Cambridge Ind.
Accident or Suicide L & H		

PHYSICIAN
OR CORONER

by

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Gamby*
Town *Taylor's Island* County *Dorchester* MARYLAND
Died at
Date of death 190 *9* Dec *12* Age *75*
Month *Dec* Day *12* Years *75* Months *—* Days *—*
Sex *Male* Color or Race *African* Birthplace *Md.*
Occupation *Laborer* Where Residing if not at place of death *—*
~~Married, Single or Widowed~~ *Widowed* Name of Wife or Husband *Hester Gamby*
Father's Name *Unknown* Father's Birthplace *Md*
Mother's Maiden Name *Unknown* Mother's Birthplace *Md*
Name of person giving Information *Sam'l J. Thompson* How related to deceased *friend*

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* How long *2 yrs*
Immediate *Cardiac Failure* How long *1 day*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. B. Shriver*
Address *Taylor's Island Md*
Accident or Suicide *—*

PHYSICIAN
OR CORNER



Name
in
Full

Sewin Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

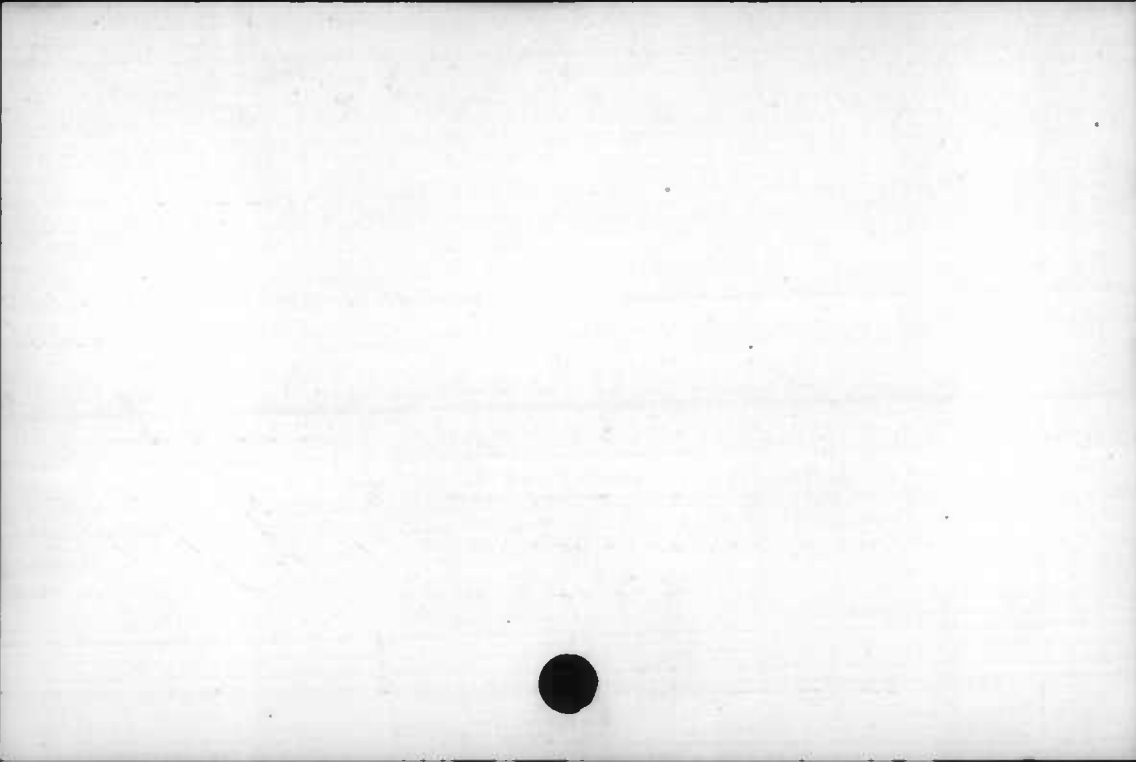
Died at <i>Chicoma River near Charles Island</i>		Town <i>near</i>		County <i>Sorabester</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Dec</i>	Day	<i>10th</i>	Age	<i>40</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ind</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Drambridge Ind.</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Hattie Henry</i>				
Father's Name	<i>James Henry</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Sylvia Rideaux</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Nelson Henry</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>	How long	<i>20 minutes</i>
Immediate	<i>Asphyxia</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D H Blau G.</i>		
	Address <i>Vienna Ind.</i>		
Accident or Suicide?	<i>Accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

Barbara Heilderbrandt-
Town County

MARYLAND

Died at

Oyster Shell Point- Dorchester

Date

of death

1909

Month

12

Day

31

Years

21

Months

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Balto Geo

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Henry Heilderbrandt

Father's
Name

John Komanda

Father's
Birthplace

Bohemia

Mother's
Maiden Name

Barbra Melichar

Mother's
Birthplace

"

Name of person giving
Information

John Komanda

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulm. Tuberculosis

How long

27

Immediate

Gradual exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Signed

Signature of
Physician

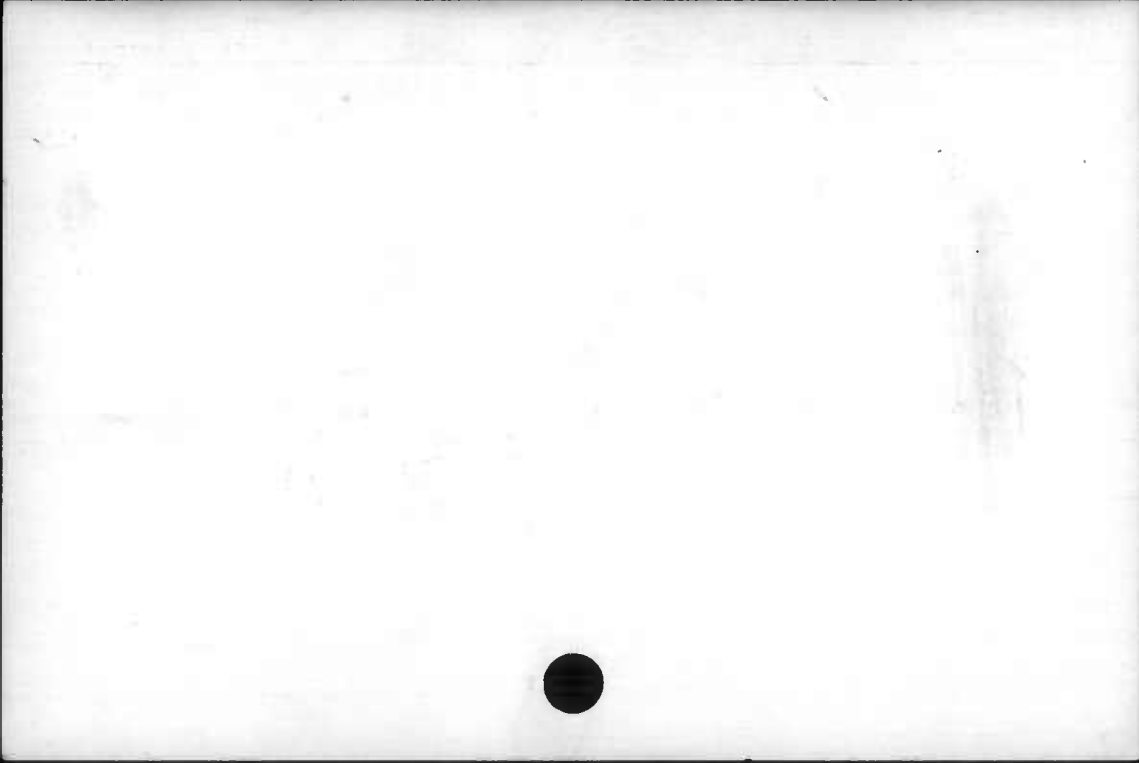
Guy Stille

Address

Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lilly M Horsey

Died at <u>Bucktown</u> ^{Town}		<u>Borchester Co</u> ^{County}		MARYLAND	
Date of death	1909	Month	Dec	Day	1
Age	2	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Bucktown
Occupation	Baby	Where Residing if not at place of death		Bucktown	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Hohna Horsey	Father's Birthplace		Bucktown	
Mother's Maiden Name	May J. Slitis	Mother's Birthplace		Dorabonds	
Name of person giving Information	Hohna Horsey	How related to deceased		Father	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

105

Primary	<u>Cholera Infantum</u>	How long	<u>Two days</u>
Immediate	<u>Exhaustion</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>see to Mr. Hawley</u>	
No M.D. called <u>L.H.</u>		Address <u>Health Officer</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lizzie Jackson

MARYLAND

Died at

East New Market Dorchester

Date

of death 1909

Month

12

Day

7

Age

74

Years

Months

Days

Sex

Female

Color or
Race

colored

Birth-
place

Dorchester

Occupation

house keeper

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Isaac Jackson

Father's
Name

John Abot

Father's
Birthplace

Dor co

Mother's
Maiden Name

not known

Mother's
Birthplace

" "

Name of person giving
Information

J. W. Demby

How related
to deceased

Son Law

CAUSES OF DEATH

Primary

General Dropsy

How long

Six months

Immediate

Heart Failure

How long

One hour.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. F. Nicols

Address

E. N. Market Md.

~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

East n Market

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Open Hum and Jumbo

Town *Fishersburg* County *Shelby Co.* MARYLAND

Died at *Fishersburg*

Date of death 190 *9* Month *12* Day *15* Age *9* Years Months *3* Days *2*

Sex *male* Color or Race *black* Birth-place *Shelby Co.*

Occupation */* Where Residing if not at place of death *as above*

☒ Married, Single or Widowed Name of Wife or Husband *-*

Father's Name *olly Jumbo* Father's Birthplace *Shelby Co.*

Mother's Maiden Name *Florence Bayman* Mother's Birthplace *Shelby Co.*

Name of person giving Information *olly jumbo* How related to deceased *Father*

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

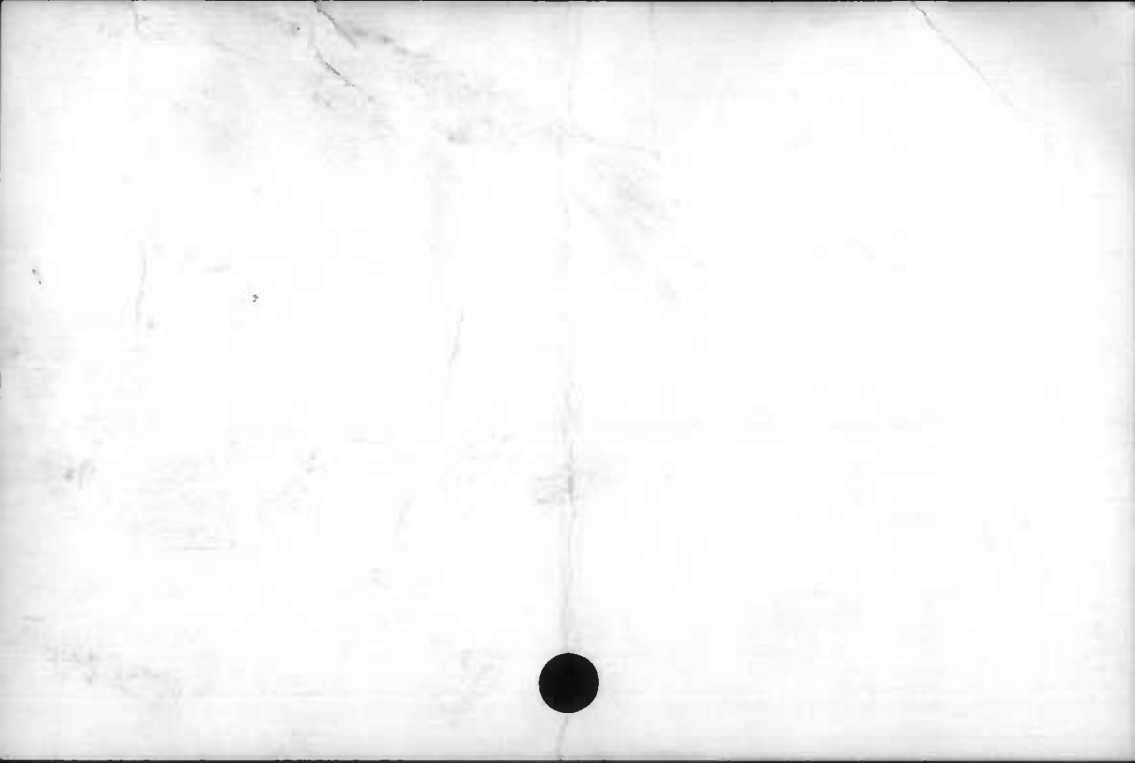
Primary *meningitis* How long *1 week.*

Immediate *Paralytic Asphyxia* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. F. Galt* Address *Fishersburg, Ind.*

Accident or Suicide



Name
in
Full

Wm. H. James

CERTIFICATE OF DEATH

Died at Cambridge Town Dorchester County MARYLANDDate of death 1907 Dec. Month 3 Day 67 Age 67 Years Months DaysSex Male Color or Race colored Birth-place MarylandOccupation Butcher Where Residing if not at place of death Cambridge "Married, Single or Widowed Married Name of Wife or Husband Heattie JamesFather's Name Edward James Father's Birthplace MarylandMother's Maiden Name Milly Bryan Mother's Birthplace "Name of person giving Information Heattie James How related to deceased Wife

CAUSES OF DEATH

120

Primary Chronic nephritis How long Several years
Immediate Edema How long Some weeks

Are the name, age, sex, color, date and place correctly given above?

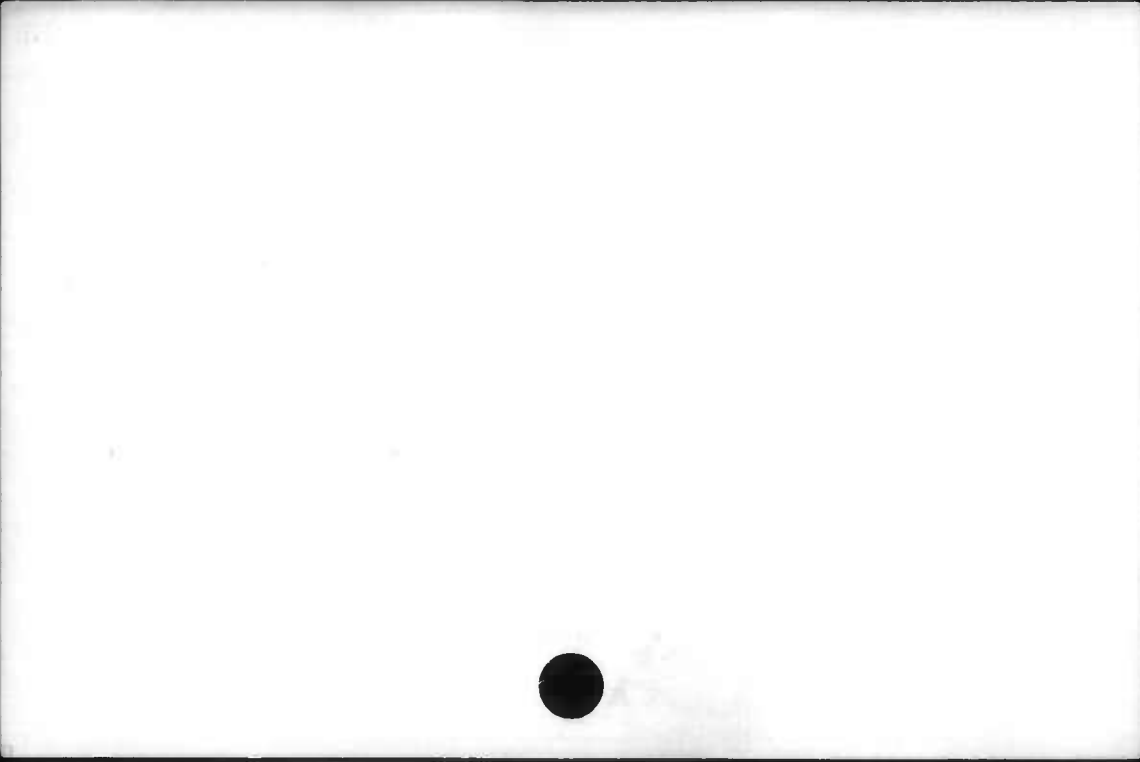
Signature of Physician

Address

Dr. S. A. Sola
Cambridge

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Martha Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hurlock* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death 190*9* Month *12* Day *8* Age *57* Years Month *1* Days

Sex *Female* Color or Race *Black* Birth-place *Dorchester Co.*

~~Married Single~~ *Widow* Occupation *House-work*
~~or Widowed~~

Name of Wife or Husband *Jeremiah Johnson*

Father's Name *Elisha Riedout* Father's Birthplace *Dorchester Co.*

Mother's Maiden Name *Rachel Davis* Mother's Birthplace *Dorchester Co.*

Name of person giving information *Laura E. Jolly* How related to deceased *Daughter*

CAUSES OF DEATH

(67)
How longPHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

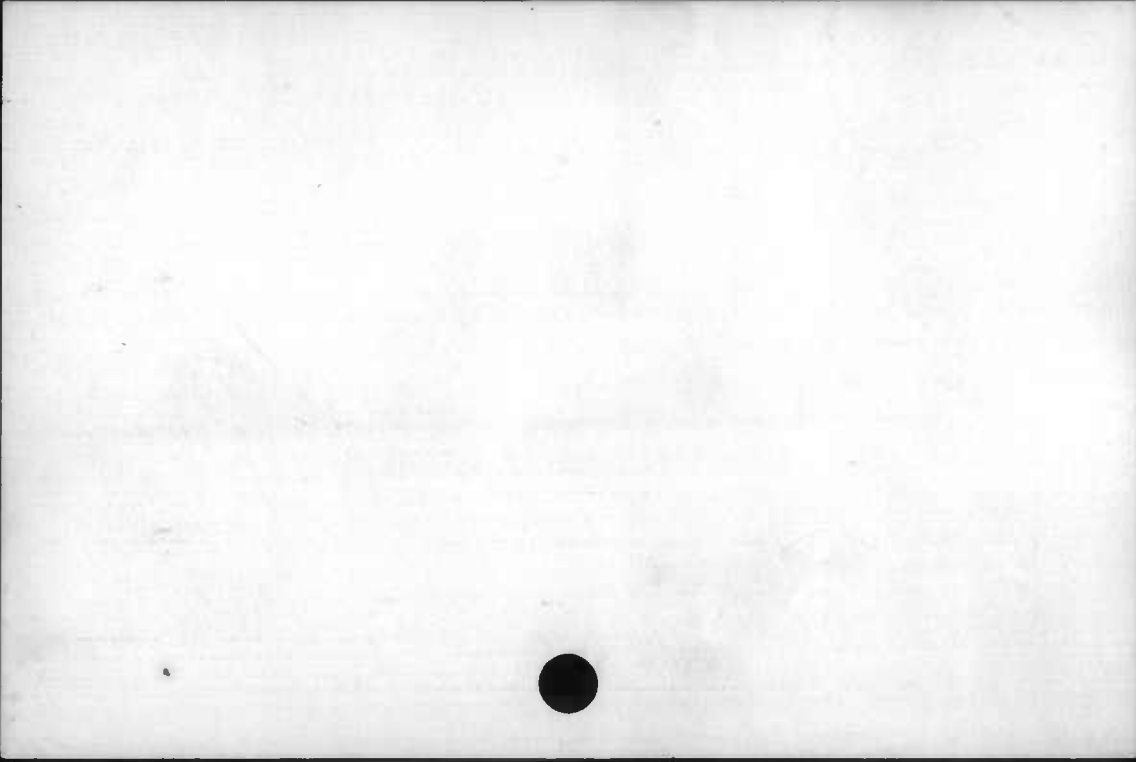
Address

General Paralysis

H. F. Nicols, M.D.

E. N. Market, Md.

Assistant or Observer



Name
in
Full


CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hooper Jones,* Town *Salem* County *Dorchester*
Died at *Salem*
Date of death 190 *9* Month *12* Day *11* Age *70* Years Months Days
Sex *Male* Color or Race *Colored* Birthplace *Dorchester*
Occupation *Farmer* Where Residing if not at place of death
Married, ~~Single~~ *Widowed* Name of Wife or Husband *Annie Jones,*
Father's Name *James Jones,* Father's Birthplace *Dorchester*
Mother's Maiden Name *do not know* Mother's Birthplace
Name of person giving Information *Josia C Jones,* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cerebral Hemorrhage lower* **(64)** How long *3 Weeks*
Immediate *Heart failure* How long *Immediate*
Are the name, age, sex, color, date and place correctly given above? *Dr W B Blaufr,*
Signature of Physician *Veana*
Address 
Accident or Suicide *md*

PHYSICIAN
OR CORONER

Label

Name
in
Full

Gertrude Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hureock* TownCounty *Dor*

MARYLAND

Date

of death 1909

Month

12

Day

2

Age

Years

19

Months

4

Days

17

Sex

*female*Color or
Race*white*Birth-
place*Caroline Co*Married, Single
or Widowed*married*

Occupation

*house wife*Name of Wife or
Husband*Guy Lyons*Father's
Name*Wm P Kirby*Father's
Birthplace*Talbot Co*Mother's
Maiden Name*Thelma chesmon*Mother's
Birthplace*Caroline Co*Name of person giving
In formation*Guy Lyons*How related
to deceased*Husband*

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

2 1/2 yrs

Immediate

the same

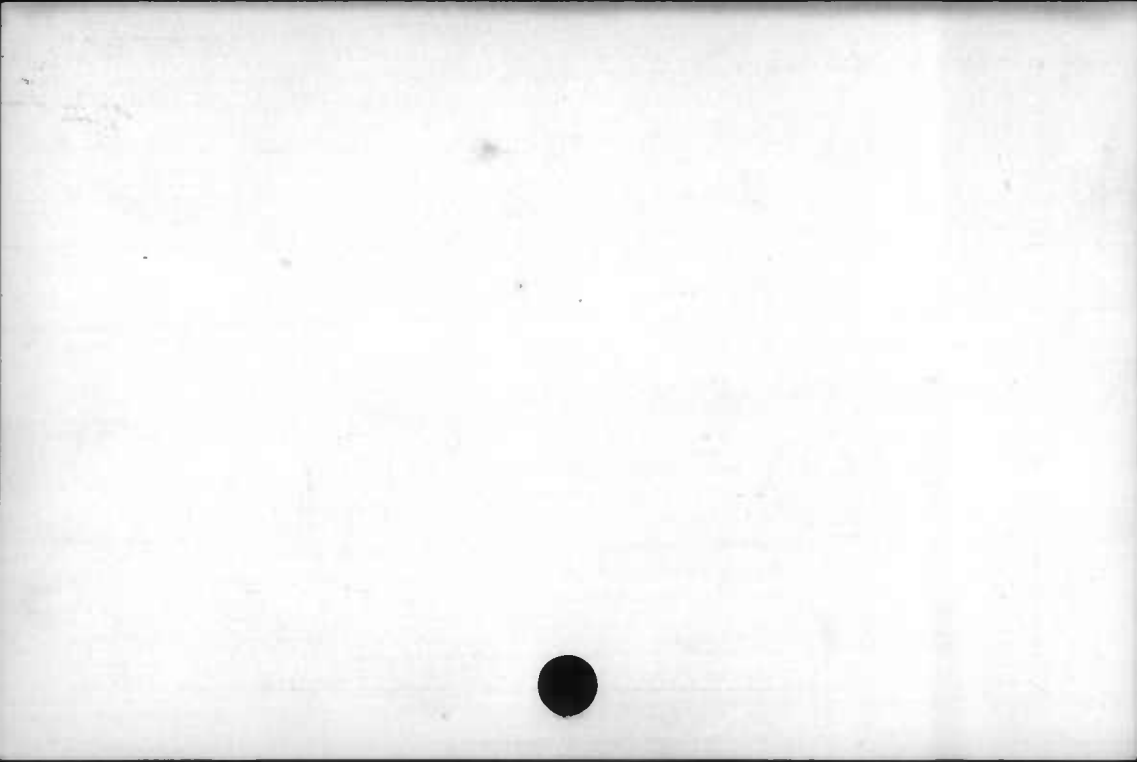
How long

*2 1/2 yrs*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Shaver Myers*

Address

*Hureock**md*

Accident or Suicide?



Name
in
Full

Hannie E. Mister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Church Creek Town Dorchester County
Date of death 1909 Dec Month 5 Day 52 Age 52 Months 4 Days 21
Sex Female Color or Race Black Birth-place Dorchester Co.
Occupation Housewife Where Residing if not at place of death r
Married, Single or Widowed Married Name of Wife or Husband Armin Mister
Father's Name Jenniah Greene Father's Birthplace Dorchester Co
Mother's Maiden Name Elizabeth Keene Mother's Birthplace Dorchester Co
Name of person giving Information Bertie Harris How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis How long 8 months
Immediate Heart Failure How long 30 minutes
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician W. Harrold
Address Cambridge Md.
Accident or Suicide



Name
in Full

Henretta E. Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

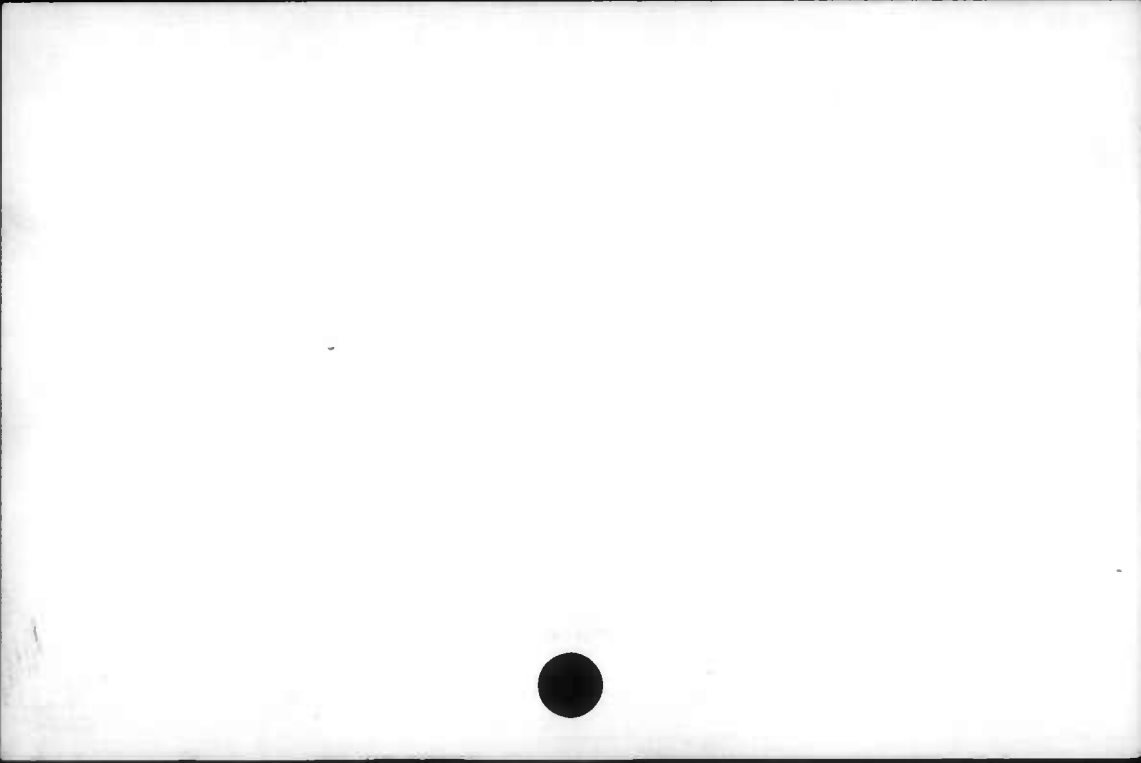
Died at Cambridge ^{Town} Dorchester Co ^{County} MARYLAND
 Date of death 1909 ^{Month} Dec ^{Day} 26 ^{Years} 6 ^{Months} 5 ^{Days} —
 Sex Female Color or Race Black Birth-place Philadelphia
 Occupation School Girl ^{Where Residing if not at place of death}
 Married, Single or Widowed Single ^{Name of Wife or Husband}
 Father's Name Joseph N Nichols Father's Birthplace Baltimore
 Mother's Maiden Name Lucy Thompson Mother's Birthplace Wilmington
 Name of person giving Information Josiah N Nichols How related to deceased Father

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Intestinal Obstruction ^{How long} 7 days
 Immediate Shock & exhaustion after operation ^{How long} gradual
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Wm. Steele
 Address Cambridge Md.
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

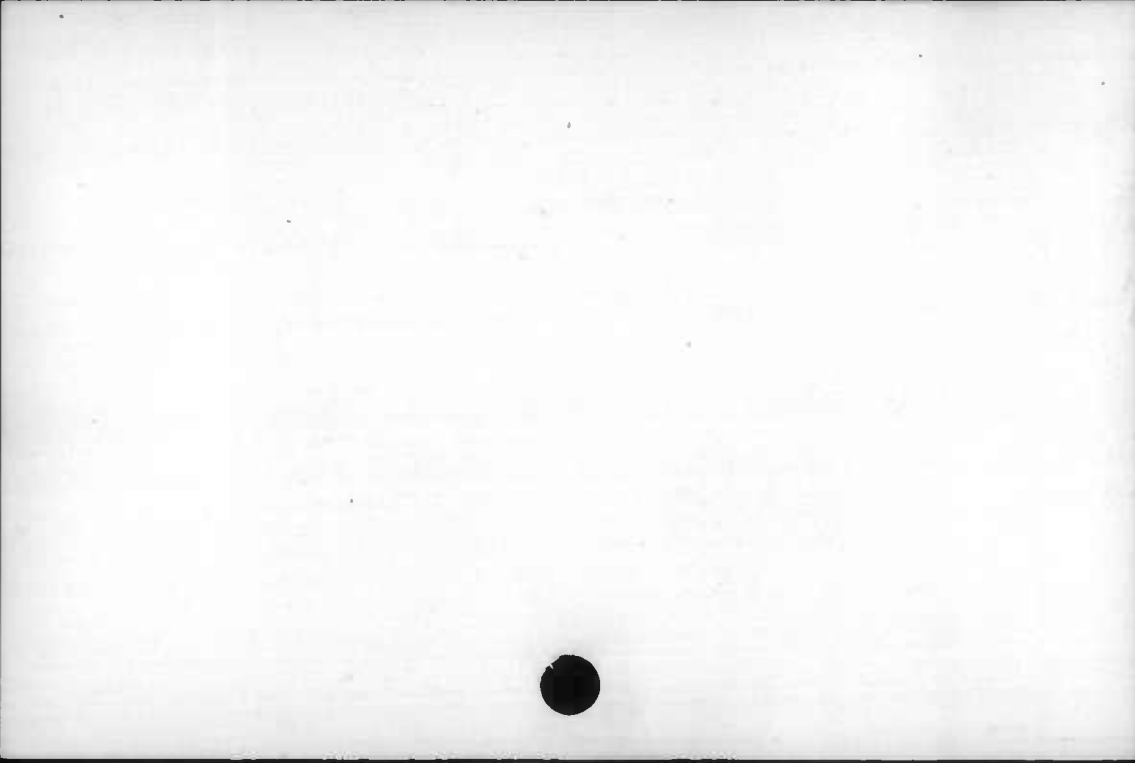
Died at <u>Vicinia</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>Dec</u> ^{Month}	<u>10</u> ^{Day}	Age <u>57</u> ^{Years}	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Francis Parker</u>				
Father's Name <u>Washington Parker</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Rhoda Gally</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Bruce Parker</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Sarngitis Broncho Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D H Blum</u>	
		Address <u>Vicinia Ind</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary E. Rawleigh*
Died at *Cambridge* Town *Dorchester* County
Date of death *1909* *Dec.* *28* Month Day Age *49* Years *8* Months *17* DaysSex *Female* Color or Race *White* Birth-place *Maryland*
Occupation *Housewife*Where Residing if not
at place of death *Cambridge*Married, Single or Widowed *Married* Name of Wife or Husband *Edward W. Rawleigh*Father's Name *Joseph Clark*Father's Birthplace *Maryland*Mother's Maiden Name *Harriet Kidwell*

Mother's Birthplace

Name of person giving Information *E. W. Rawleigh*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Diabetes**50*
How long *Some years*Immediate *Heart Failure*How long *Short*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

E. E. Walcott
Cambridge, Md.

Accident or Suicide

PHYSICIAN
OR CORNER

6



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mary Pickout</i>		Town <i>Ridge Grove</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1909	Month	12	Day	7	Age	Years 22
Sex	Female		Color or Race	Colored		Birth-place	Dorchester
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband <i>Louis Pickout</i>			
Father's Name	<i>John W Jones</i>				Father's Birthplace	<i>Dorchester</i>	
Mother's Maiden Name	<i>Anna Campbell</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>John W Jones</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	<i>Miscarriage & Tonsillitis</i>	How long	<i>Three weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. F. Nicols</i>
		Address	<i>E. N. Market, Md.</i>
Accident or Suicide? <i>No</i>			

Salem

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John E. Stanley

Town

County

Carnesville

Bar.

MARYLAND

Date

of death

1909

Dec

Month

21

Day

Age

26

Years

Months

Days

Sex

Male

Color or
Race

Negro

Birth-
place

Md

Occupation

Farm laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Nettie Stanley

Father's
Name

John Stanley

Father's
Birthplace

Md

Mother's
Maiden Name

Mellie Bowles

Mother's
Birthplace

Md

Name of person giving
Information

J H Givins

How related
to deceased

none

CAUSES OF DEATH

Primary

Tuberculosis of lungs.

How long

6 mos

Immediate

Heart disease - valvular

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. A. Stokes

Address

Carnesville

Md

Accident or Suicide

PHYSICIAN
OR CORONER

6



Name
in
Full

Mrs. Hester A. Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cannbridge ^{Town} Dorchester ^{County} **MARYLAND**
 Date of death 1909 Dec. ^{Month} 24 ^{Day} Age 74 ^{Years} — ^{Months} — ^{Days}
 Sex Female Color or Race white Birth-place Toddville ^{Dor. Co.}
 Occupation Housewife Where Residing if not at place of death —
 Marriad, Single or Widowed widow Name of Wife or Husband Mr. known
 Father's Name Dont know Father's Birthplace Unknown
 Mother's Maiden Name Dont know Mother's Birthplace Unknown
 Name of person giving Information Mrs. Mont Jones How related to deceased Mother

CAUSES OF DEATH

Primary Hemorrhage into the Brain How long Some days
 Immediate Paralysis + embolism How long 7 "

Are the name, age, sex, color, date and place correctly given above? Y

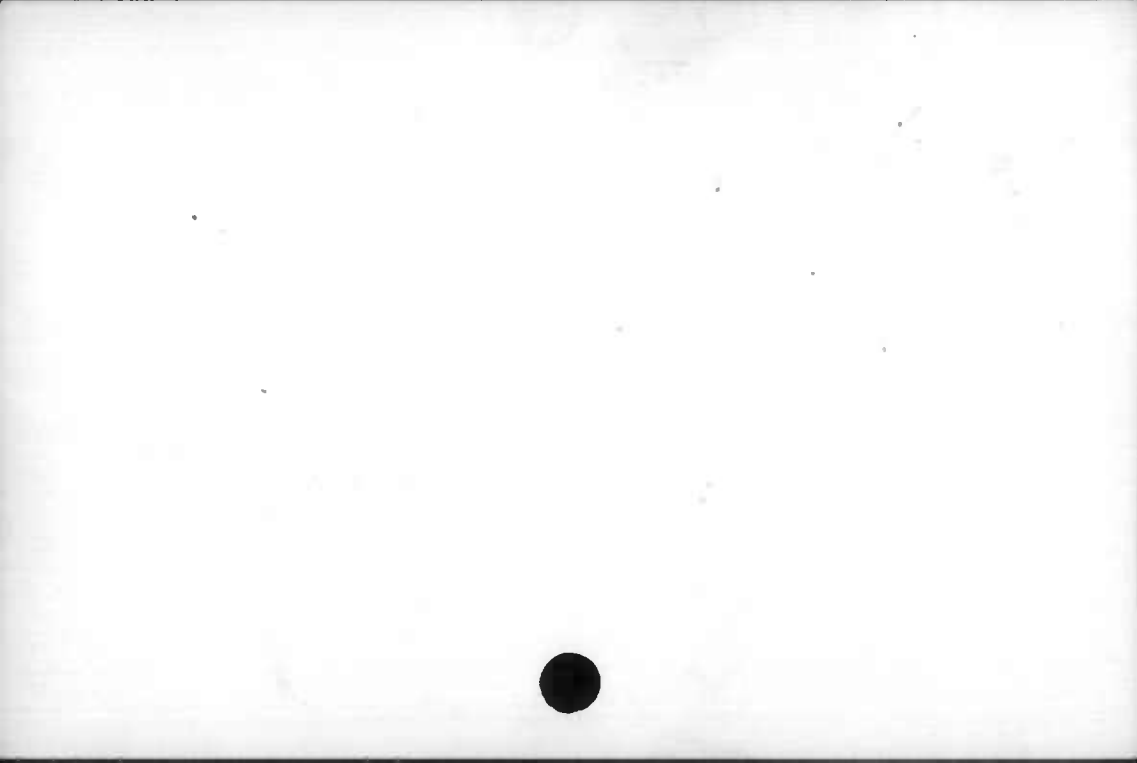
Signature of Physician

Address

D. M. Golabman
Cannbridge Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Jacob Merwyn Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

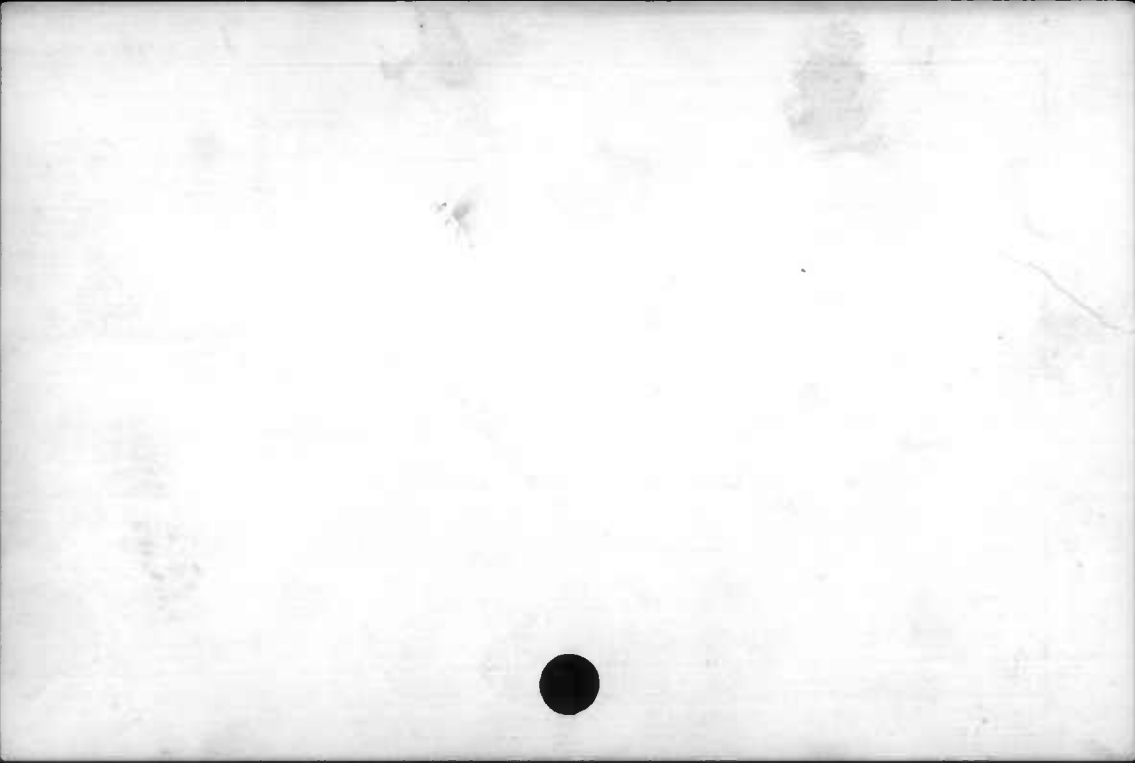
Died at <i>Toddville</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1909	Month	Dec.	Day	4
Age	44	Years	44	Months	5
Sex	Male	Color or Race	White	Birth-place	Toddville, Md.
Occupation	Merchant		Where Residing if not at place of death	Died at home	
Married, Single or Widowed	Widower		Name of Wife or Husband	Jovinia Todd (nee Mills)	
Father's Name	Jacob W. Todd		Father's Birthplace	Toddville, Md.	
Mother's Maiden Name	Emily J. Killey		Mother's Birthplace	Lakewood, Md.	
Name of person giving Information	William A Todd		How related to deceased	Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis?</i>	How long <i>15 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes, so far as I know</i>	Signature of Physician <i>J. M. White</i>
Accident or Suicide	Address <i>1400 S. 1st St. Dorchester Co. Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Turner.

MARYLAND

Died at East New Market Town Dorchester County

Date of death 1909 12 1 Age 77 Months 11 Days 21

Sex Female Color or Race White Birth-place Dorchester

Occupation None Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Frank Turner

Father's Name John Webster Father's Birthplace Dorchester

Mother's Maiden Name Rebecca Simmons Mother's Birthplace Dorchester

Name of person giving information L. W. Nichols How related to deceased nephew

CAUSES OF DEATH

93

Primary Pneumonia How long Four days

Immediate Heart Failure How long Two minutes

Are the name, age, sex, color, date and place correctly given above? Yes

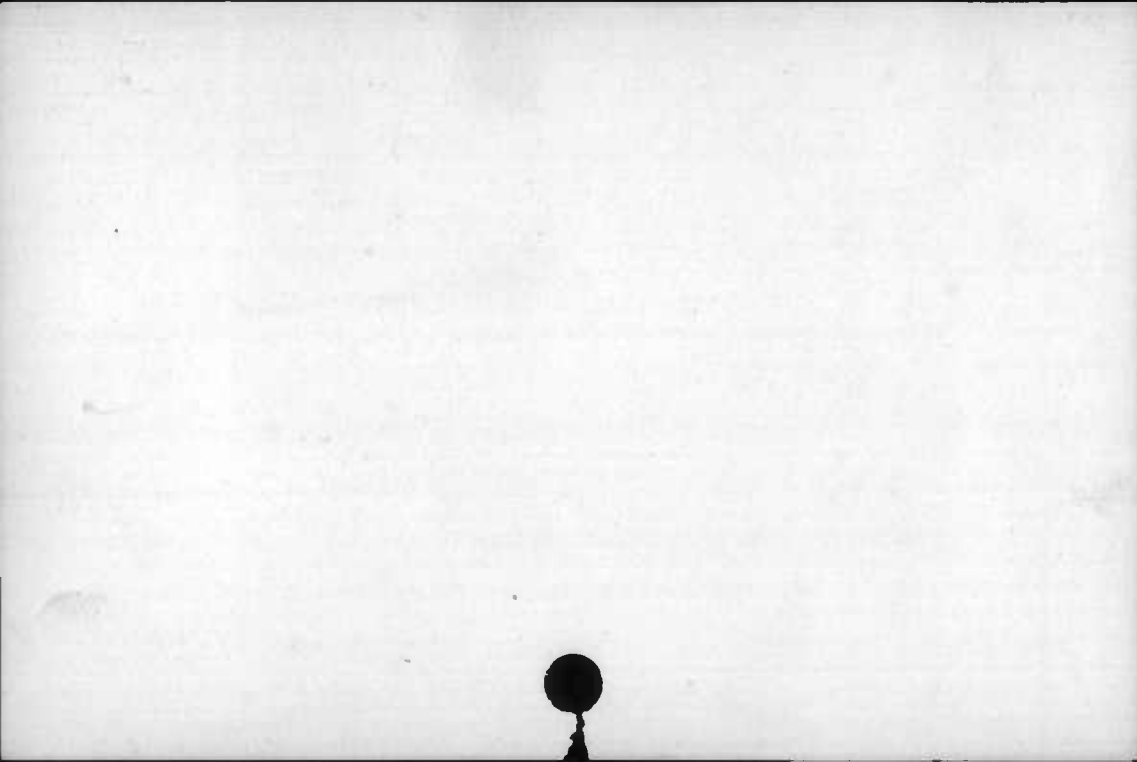
Signature of Physician

H. F. Nichols

Address

E. N. Market, Md.

Accident or Suicide?



Name
in
Full

Lloyd Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

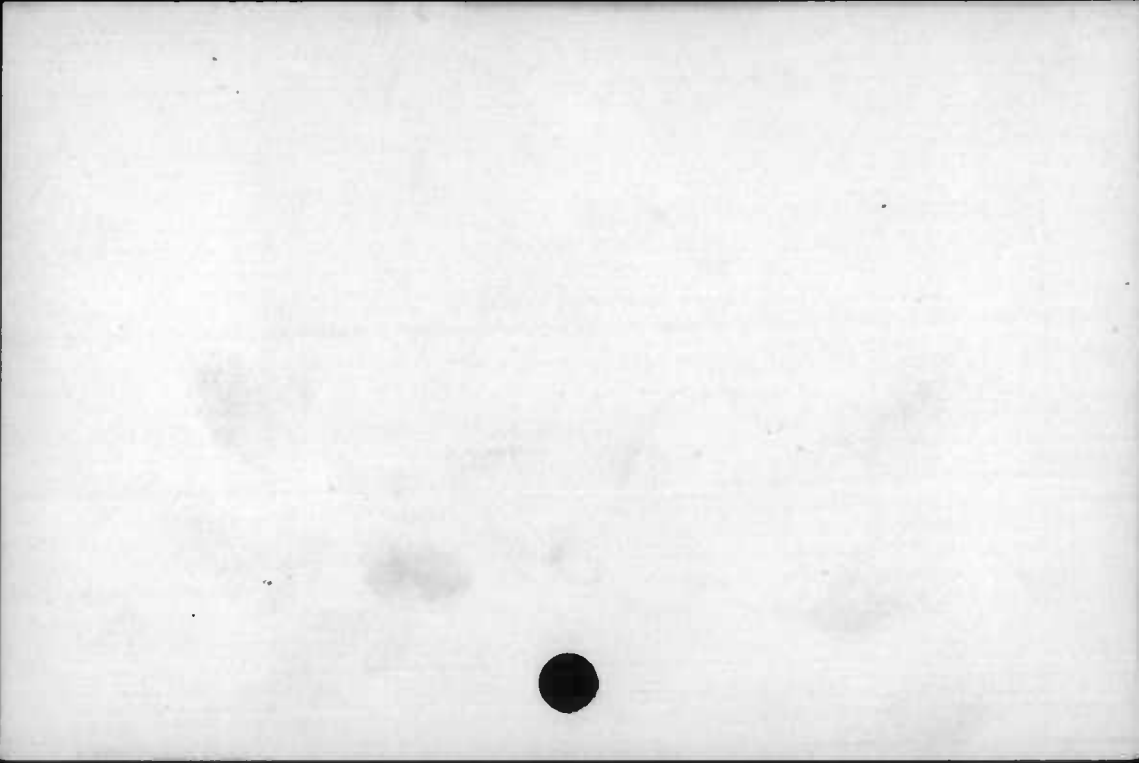
Died at		Town Taylor's Island		County Dorchester		MARYLAND	
Date of death		190	Month Dec	Day 22	Age 60	Years	Months Days
Sex Male		Color or Race African		Birth- place Md.			
Occupation Laborer		Where Residing if not at place of death C4					
Married, Single or Widowed Married		Name of Wife or Husband Nellie Wheatley					
Father's Name unknown		Father's Birthplace Md					
Mother's Maiden Name unknown		Mother's Birthplace Md					
Name of person giving In formation Nellie Wheatley		How related to deceased Wife					

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	2 wks.
Immediate	Cardiac Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jos. B. Shriver Jr	
Address		Taylor's Island	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Death~~ **Name** *Harri B. Woodstone*
 Town *Cambridge* County *Dorchester*
 Died at *Cambridge* *Dorchester* **MARYLAND**
 Date of death 190*9* *Dec* Month *11* Day *14* Age *14* Years Months Days
 Sex *Female* Color or Race *Black* Birth-place *Maryland*
 Occupation *Student* Where Residing if not at place of death *Cambridge*
 Married, Single or Widowed *Child* Name of Wife or Husband *Harri B. Woodstone*
 Father's Name *Henry Bayly* Father's Birthplace *Maryland*
 Mother's Maiden Name *Elizabeth Will* Mother's Birthplace *"*
 Name of person giving Information *Harri B. Woodstone* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *3 weeks*
 Immediate *Cardiac Failure* How long *Several hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Edward P. Reynolds MD*
 Address *Cambridge Md*
 Accident or Suicide *Willis*

PHYSICIAN
OR CORONER

